EARLY VOTING BALLOT TRANSPORT STATEMENT

~This form is to be completed each time the ballot box seal is broken for ballot transport~

At Location **Election Type:** General Election **Election Date:** 11/08/2022

Name of Location: AVONDALE CITY HALL #14886 Box 1 of 1 **Arrival Time:** 12 : 09

Were there ballots to be picked up? [X] YES <If YES, complete lines 1-7 [ ] NO <If NO, complete lines 1-7

Spoils picked up? [X] YES [ ] NONE **Completed Forms picked up?** [ ] YES [X] NONE

1) **Blue Drop Box Seals #** IS22005654 & IS22005653 <Indicate the seal numbers that were **taken off** on blue drop box

2) **Blue Drop Box Seals #** IS22005227 & IS22005228 <Indicate the seal numbers that were **placed** on blue drop box

3) **Red Box Seals #** IS22005209 & IS22005210 <Indicate the seal numbers that were **placed** on ballot transport box

4) **Ballot Box Sealed/Checked on** (Date) 10/24/22 (Time) 12:27 <Date and time box was sealed/checked

5) **Location Staff Member** (Signature) [signature]

6) **Transport Staff Member** (Signature) [signature]

7) **Transport Staff Member** (Signature) [signature]

Departure Time: 12 : 29

Transport Receipt **This portion to be completed by the Receiving Agent at the MCTEC Facility**

Receiving Agent (Signature) [signature] **Date/Time:** 10-24-22 4:50
Sign to acknowledge receipt from Transport Staff Member — Date of Audit Match

Ballot Box Seals # IS22005209 & IS22005210 <If applicable, verify the seal numbers on the box match the above from location

Blue Drop Box Seals # IS22005654 & IS22005653 <Indicate the seal numbers that were **broken** from blue drop box

Count of Ballots in Transport Bin # 123

Audit Agent (Signature) [signature] **Date/Time:** 10-24-22 4:52
Sign to affirm seal #'s match *or* that no ballots were to be picked up — Date of Audit Match